

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

DISCLOSURE 5 - TAX & TAX COMPLIANCE

Entity Name				Phone No.		
1)	FAXING AGENCIES Has the supplemental entity been subject to taxation during the last year?					
	□ Yes □ No	If you answered <u>ves</u> , provide the information requested below for each federal, state, and foreign jurisdictions in which the supplemental entity was subject to taxation the last year. Add additional pages if necessary.				
	Taxing	Agency	(E.g., Fe	Type of Tax (E.g., Federal income tax, state income tax, sales tax)		
2) <u>TAX COMPLIANCE</u> Has the supplemental entity ever been served with, or had filed against it, a complaint or other notice regarding the delinquer payment of any tax required under federal, state, local, or foreign jurisdictions?					regarding the delinquent	
_	Yes Do No If you answered <u>yes</u> , provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.					
	Taxing Agency	Type of Tax	Tax Year	Amount	Disposition	

CRA 5405 (Rev Mar-2022) Page 14 of 17